



DEPARTMENT OF THE ARMY and AIR FORCE
Joint Forces Headquarters, Kentucky National Guard
Office of the Adjutant General
Boone National Guard Center, 100 Minuteman Parkway
Frankfort, Kentucky 40601-6168

KG-AG (350)

11 March 2008

MEMORANDUM FOR All Air National Guard Federal Employees

SUBJECT: (KYNG Log Number P08-021) Full-Time Support Physical Fitness Program

1. This memorandum supersedes Policy Memorandum 04-015 dated 1 March 2004. This memorandum defines the policy, procedures and responsibilities of the work-related physical fitness program for all full-time Air National Guard federal employees of the Kentucky Department of Military Affairs. This includes permanent, indefinite and temporary personnel. The program described herein authorizes the use of official/duty time for physical fitness activities for all federal employees.
2. Physical fitness is a personal responsibility; however, it is a recognized fact that physically fit employees are healthier, have higher morale and are more productive. Participants are personally responsible for educating themselves concerning health and physical fitness issues before starting the program. If you are not already in a physical fitness program, it is recommended you consult with your personal physician to obtain advice on a fitness program that will meet your personal goals and physical abilities.
3. The use of official/duty time for physical fitness is a command decision on my part. Whenever the mission will allow it, I highly encourage participants to use the first hour of duty each day for physical fitness training. (Although this is not the only time of day that may be scheduled for PT, experience shows that for many people it is the time of day with the fewest distractions.) In addition, I ask you to help me implement this program in such a way as to increase overall productivity. Directors, Supervisors and program participants are expected to maintain both a continuity of work and control of the program. Participation will be managed around the existing or projected workload. All sections will remain operational during duty hours. This program must complement, not compete with, mission accomplishment.
4. The following guidelines/procedures govern the use of official time:
 - a. No more than one hour of official/duty time per workday may be used for this program. Supervisors need not record any status on time and attendance reports other than normal duty for pay purposes. Official/duty time may be used in one-hour increments with only one increment allowed per day. Break periods may not be combined to provide longer periods, but the lunch period may be extended to include the one-hour increment. Time for physical fitness exercise must be coordinated with the immediate supervisor to insure adequate support for mission requirements and work scheduling.

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b. Under no circumstances will this time be "carried over" to another week. There is no physical fitness compensatory time.

c. Time for changing clothes, showers, travel to and from the exercise area, or any other task associated with the physical fitness program, will be included as part of the official time allowed for exercise. Additional time will not be allowed for these activities.

d. Exercise programs will be performed at the work site (e.g., Standiford Field ANG.). The only exception will be for running/jogging, walking and biking which must begin and end at the work site.

e. This physical fitness program is intended to allow for meaningful individual physical fitness exercise. Supervisors may approve team sports, however, individuals participating in team sports are responsible for self-policing to insure that they do not become too aggressive and cause needless injuries.

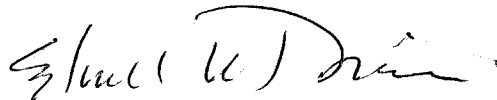
f. Individuals interested in participating in this program must coordinate their participation with their supervisor. Military Technicians are required to complete a Statement of Understanding and Liability (Enclosure 1) prior to starting the program. Non Dual Status (NDS) Technicians are required to complete a Statement of Understanding and Liability (Enclosure 2) prior to starting the program. AGR personnel are required to complete a Statement of Understanding and Liability (Enclosure 3). The completed statement will be kept on file by the supervisor, with a copy provided to the Human Resources Office (HRO). The supervisor must maintain a sign in/out form (Enclosure 4) at the work place. Employees must sign out at the beginning and sign back in at the end of each exercise period. This requirement is necessary to insure accountability for Workers' Compensation Program determination in the event of injury or death. Both forms may be locally reproduced.

5. Civil service technicians who are not members of the National Guard (NDS) will be required to obtain a written clearance from their personal physician (at their own expense). This clearance will be submitted to the supervisor prior to starting the program, if previously not completed and on file.

6. I encourage every employee to participate in this program. By participating on a regularly scheduled basis, we will enhance physical and mental well-being

7. Any requests for exceptions to this policy must be submitted in writing to HRO for approval.

8. Questions regarding this program may be addressed to Mrs. Pam Cox at (502) 607-1761 for technicians and to MAJ Shontelle Adams (502) 607-1340 for AGRs.



EDWARD W. TONINI
MAJOR GENERAL, KYNG
THE ADJUTANT GENERAL

4 Encls

1-3. Statement's of Understanding

4. Sign In/Out Register

**VOLUNTARY MILITARY TECHNICIAN PHYSICAL FITNESS PROGRAM
STATEMENT OF UNDERSTANDING AND LIABILITY**

I, _____, acknowledge and agree that:

(Employee's Name and SSAN)

- a. With my supervisor's approval, I may take part in the voluntary physical fitness program, during duty hours, for a maximum of one hour per workday.
- b. This program is unsupervised and I am under no obligation to participate.
- c. It is recommended that I consult with a physician prior to participating in the program.
- d. I will conduct my exercise program at my work site and if I engaged in running/jogging, walking or cycling, I must begin and end the exercise period at the work site.
- e. I will begin and end my exercise period within the time period allowed. This includes all time used for changing clothes, traveling to and from the exercise site, actual exercising, showering and any other tasks concerning participation in the program.
- f. I will sign in and out at the beginning and end of each exercise period.
- g. Times and locations of exercise must be approved by my immediate supervisor.
- h. My supervisor may temporarily suspend this program due to mission or work load requirements.
- i. If I abuse this program, I will be subject to disciplinary action and/or have my exercise privilege revoked.

(Date)

(Employee Name and Signature)

(Job Title and Location)

(Supervisor Name and Signature)

VOLUNTARY CIVILIAN TECHNICIAN (NDS) PHYSICAL FITNESS PROGRAM
STATEMENT OF UNDERSTANDING AND LIABILITY

I, _____, acknowledge and agree that:
(Employee's Name and SSAN)

- a. With my supervisor's approval, I may take part in the voluntary physical fitness program, during duty hours, for a maximum of one hour per workday.
- b. This program is unsupervised and I am under no obligation to participate.
- c. I will consult with a physician prior to participating in the program. I will turn in a written clearance from my physician to my supervisor.
- d. Should I incur injury or death as a result of my participation in this program, I may be covered under the Federal Workers' Compensation Program.
- e. That if injury or death occurs due to my participation in an exercise program other than during my normal duty day, I will not be covered by the Federal Workers' Compensation Program.
- f. I will conduct my exercise program at my work site and if I engaged in running/jogging, walking or cycling, I must begin and end the exercise period at the work site.
- g. I will begin and end my exercise period within the time period allowed. This includes all time used for changing clothes, traveling to and from the exercise site, actual exercising, showering and any other tasks concerning participation in the program.
- h. I will sign in and out at the beginning and end of each exercise period.
- i. Times and locations of exercise must be coordinated with my immediate supervisor.
- j. My supervisor may temporarily suspend this program due to mission or work load requirements.
- k. If I abuse this program, I will be subject to disciplinary action and/or have my exercise privilege revoked.

(Date)

(Employee Name and Signature)

(Job Title and Location)

(Supervisor Name and Signature)

Enclosure 2

AGR PHYSICAL FITNESS PROGRAM

STATEMENT OF UNDERSTANDING AND LIABILITY

I, _____, acknowledge and agree that:
(Employee's Name and SSAN)

- a. I may take part in the physical fitness program, during duty hours, for up to one hour per workday.
- b. My participation in this program may be unsupervised.
- c. It is recommended that I consult with a physician prior to participation in the program.
- d. I will conduct my exercise program at my work site and if engaged in running/jogging, walking or cycling. I must begin and end the exercise period at the work site.
- e. I will begin and end my exercise period within the time period allowed. This includes all time used for changing clothes, traveling to and from the exercise site, actual exercising, showering and any other tasks concerning participation in the program.
- f. I will sign in and out at the beginning and end of each exercise period.
- g. Times and locations of exercise must be coordinated with my immediate supervisor.
- h. If I abuse this program, I will be subject to disciplinary action.

(Job Title and Location)

(Supervisor Name and Signature)

[illegible]

ACTIVITY

SUPERVISOR